

**Community Mitigation (B3)
State Operational Plan Review
2008 Results
Public Health Emergency Preparedness Summit
San Diego, California
February 2009**

CAPT Jacquelyn Polder, BSN, MPH
Centers for Disease Control and Prevention
Division of Global Migration and Quarantine



1
SAFER • HEALTHIER • PEOPLE™



**2008 State Pandemic Influenza Operational Plans
Community Mitigation Section (B3) Scoring Metric**

- There were 28 line items (elements) in the community mitigation section that were each scored independently
- Each line item (1-28) had a possible score of 0 - 3
- **Score of 0** – No documentation of work done on this element;
- **Score of 1** = Minimal response; Only intention, just beginning planning, or only part of element addressed;
- **Score of 2** = Substantial but incomplete work on this element;
- **Score of 3** = Complete response; Documentation indicates actionable plan.

Scoring Metric, Continued

- Each plan had a possibility of 84 total points in the community mitigation section (3 maximum per element x 28 elements).
- Scores on all 28 community mitigation elements were summed for each state and territory plan.
- The percentage of the total possible number of points was calculated for each plan.



3

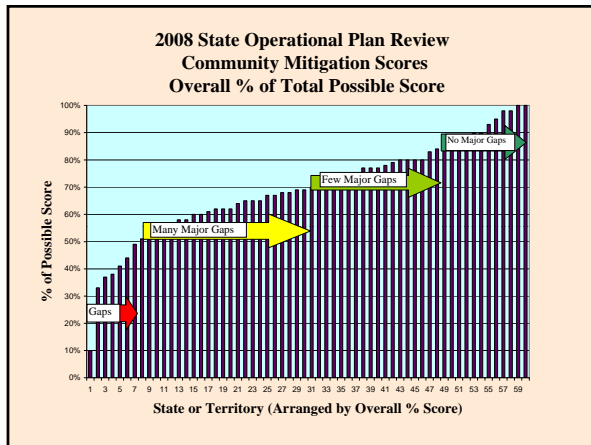


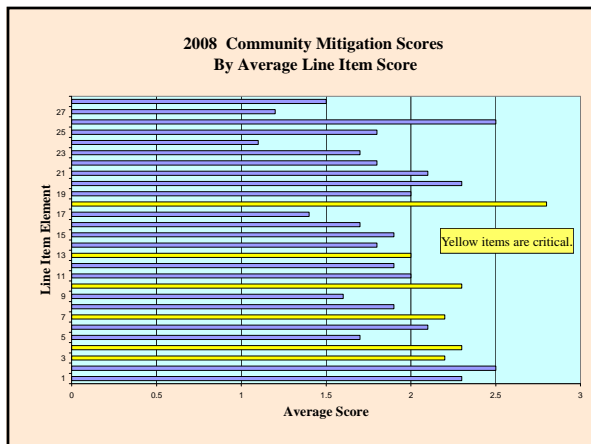
Key for Scoring Overall Progress in Preparedness for a State or Territory

(Based on 2008 State Operational Plan Evaluations)

- ≥ 85% No Major Gaps
- 69-84% A Few Major Gaps
- 50-68% Many Major Gaps
- 1-49% Inadequate Preparedness







Line Item Score Highlights

- **Highest Average Score-** Recommendations for community social distancing (Item 18, Critical Element)
- **Each Critical Element**, on the average, scored at least “Few Major Gaps” (Range 0-3)
- **Many** of the lower scores had to do with collaborating with local health authorities and outside partners (Lines 7-9, 14-16, 19, 22, 23)
- **Lowest average score-** Monitoring the secondary and tertiary effects of community mitigation (Item 24)

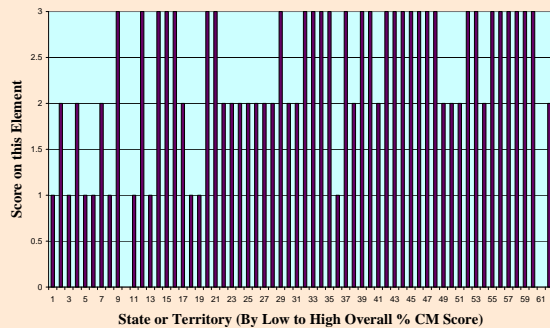


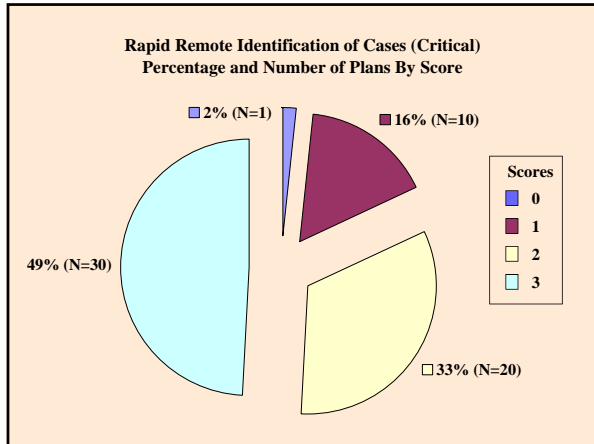
Critical Element #1 Rapid Remote Identification of Cases

- State has collaborated with local health departments to develop plans for **rapid remote identification of possible cases** (e.g., hotlines, influenza triage centers).
- This includes processes to train volunteers and others who will staff the hotline and/or triage centers.



Rapid Remote Identification of Cases (Critical)
(Average Score 2.2)

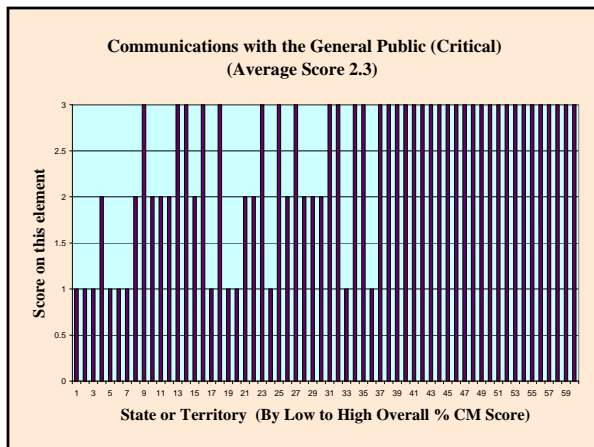


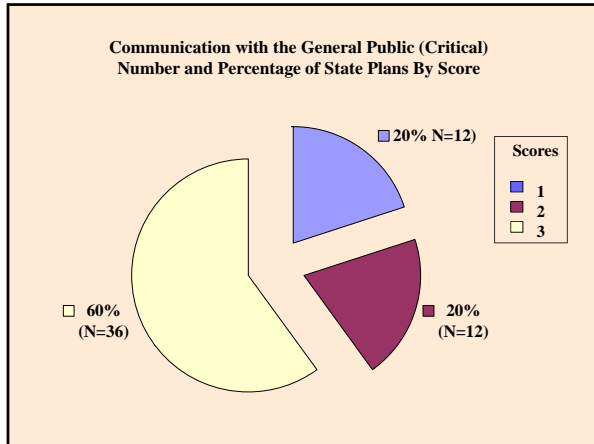


Critical Element # 2 Communication with General Public

- The state has provided initial guidance to local health departments to develop **communications and education to the general public** as to how to access hotlines, when and where to seek medical care, how to care for ill family members at home, how to protect family members if there is a sick person at home, and when to stay home.
- Provide examples of how these educational materials will be distributed to the public.

11

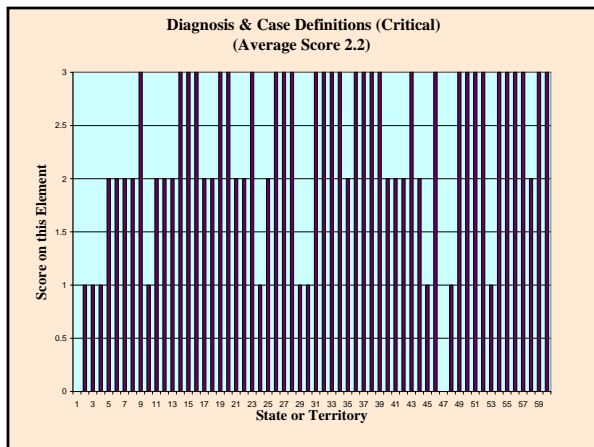


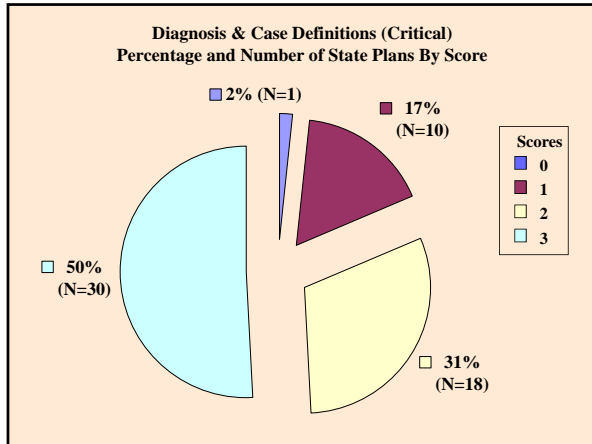


Critical Element # 3
Diagnosis and Case Definitions

The state has developed processes to train and communicate with private sector and public sector health professionals, during both the early and late stages of a pandemic, on **case definitions and methods for determining influenza diagnosis.**

14

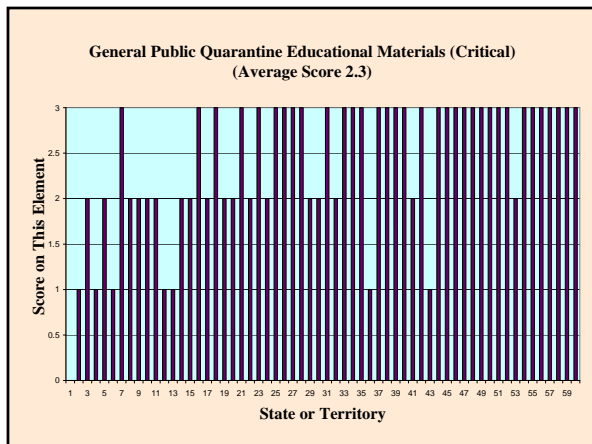


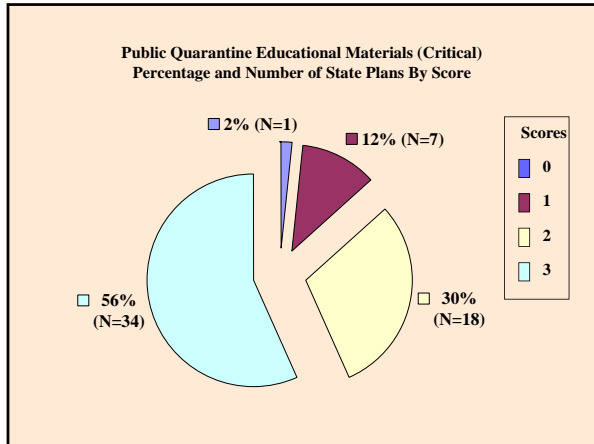


Critical Element # 4
General Public Quarantine Educational Materials

- The state has initiated plans for **communications and education to the general public regarding** recommendations for voluntary household **quarantine** for family members if there is a sick person at home, including how long to stay home.
- Provide citation that describes how these educational materials will be distributed to the public.

17

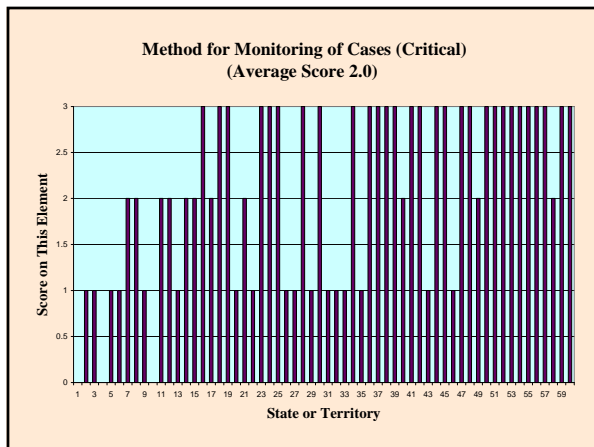


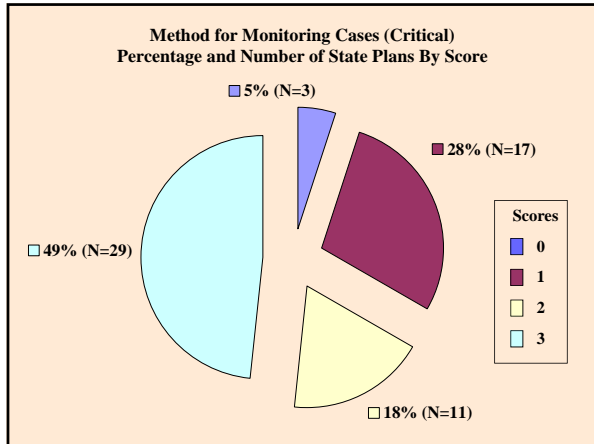


Critical Element # 5
Method for Monitoring of Cases

The state has worked with local health departments to create plans for follow-up **(monitoring) of known or suspected households under voluntary quarantine** in the community at the state/local level.

20

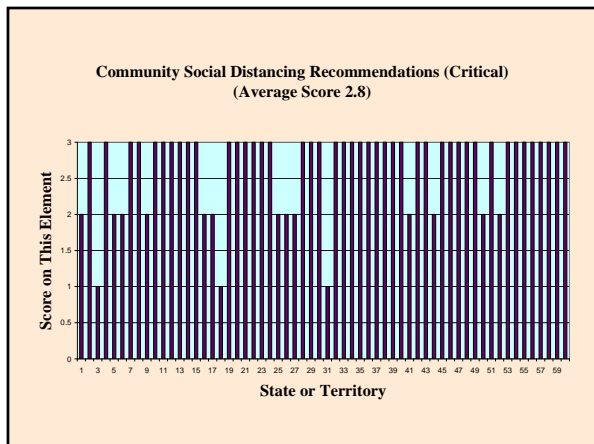


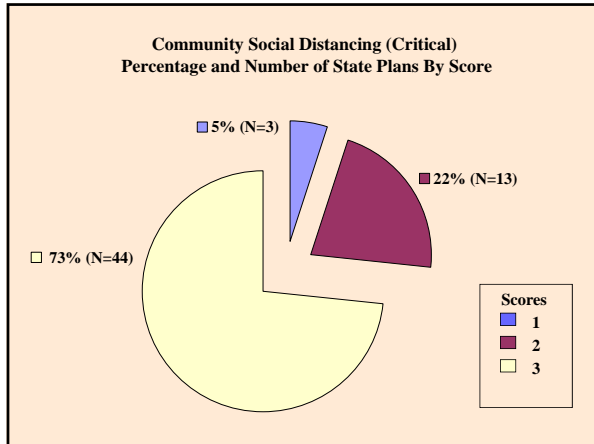


Critical Element # 6
Community Social Distancing

- The state has developed specific **recommendations for community social distancing**.
- Include the levels of social distancing that will be recommended based on the Pandemic Severity Index

23





Concluding Comments

- **Critical items**, on average, all scored with only “few major gaps” or better. This indicates that much good work has been done and is in progress on community mitigation preparedness.
- Overall scores indicate that many major gaps still remain. In addition, there is great variability between states. This indicates that much work remains to be done to assure that residents of the United States are protected and prepared to the best of our ability.
- Because non-pharmaceutical interventions (NPI’s) will be our first and, probably our best, way of reducing morbidity and mortality during a pandemic of influenza, states need to raise preparedness levels so that “No Major Gaps” exist in readiness.

26

Recommended Priority Actions for Community Mitigation 2009

- Establish and/or strengthen close collaboration between states and local health jurisdictions.
- Identify critical elements for data, data collection instruments and data reporting mechanisms.
- Identify key barriers to incorporation of key elements of the guidance, such as school dismissal planning, into State Operational Plans.
- Identify critical partners and develop a plan for engaging partners, such as businesses, schools, Tribal agencies and spiritual leaders.
- State/local health jurisdictions should develop and test pandemic influenza community mitigation plans.

27

**Questions, Discussion and
Suggestions for the Future**

**Next Round of Reviews
Summer 2009
Proposed Due Date July 31, 2009**